

book is the article on the therapeutics of the Röntgen ray. A full account is also given of Finsen's light treatment of lupus and allied affections. In the chapter on injuries of the joints no mention has been made of the method of treating sprains first advocated by Callender and since popularized in this country by Gibney, of New York. Nor has the carbolic acid and alcohol treatment of tuberculous joints advocated by Phelps received attention in the article on diseases of joints. In the same article the author confuses rheumatoid arthritis with arthritis deformans. The first is a true gouty affection of the joints, and seems to have a predilection for the shoulder-joint, whereas arthritis deformans, a totally different disease, is an arthropathy of nervous origin, and up to the present time quite incurable, which is not the case with true rheumatoid arthritis. The plate which is intended to illustrate rheumatoid arthritis is in fact a typical picture of the hands and feet in arthritis deformans. In the chapter on malignant growths no mention has been made of the work of Plimmer and Russell in England, of San Felice in Italy, nor of Park and Gaylord in this country. The work of all these observers is of sufficient importance to demand passing mention even from the most convinced adherent of Cohnheim's theory.

The new edition of Warren and Gould will be as popular as its predecessor. It is an admirable exponent of the art and science of surgery and reflects credit on editors and contributors alike.

ALGERNON T. BRISTOW.

DISEASES OF THE STOMACH. By JOHN C. HEMMETER, M.D., Philos.D., Professor in the Medical Department of the University of Maryland, etc. Third Enlarged and Revised Edition. Philadelphia: Lea Bros. & Co., 1902.

The volume before us consists of nearly 900 pages, and is the result of great erudition and a vast amount of painstaking labor. While primarily it is intended for the internist or, to use the author's term, the clinicist, yet there is much of value to the

surgeon scattered throughout Hemmeter's book. The volume is divided into three parts:

I. Anatomy and Physiology of the Digestive Organs; methods and technics of diagnosis.

II. Therapy and Materia Medica of Stomach Diseases.

III. The Gastric Clinic.

In Part I a thoroughly up-to-date and satisfactory account is given of the anatomy and physiology of the stomach. The methods of diagnosis described and practised by the author are so numerous and thorough that the reader is filled at once with satisfaction because of the progress attained and with pity for the patients because of what they must endure.

In Part II two chapters are devoted to the principles of dietetic treatment of gastric diseases and to proper cooking. Many and useful diet lists are given. The subject of rectal feeding and the constitution of the best nutrient enemata are not forgotten.

The surgeon naturally turns with most interest to the short chapter entitled "Surgical Treatment of Organic Gastric Diseases." The views expressed here are most sensible, and make one wish that every "clinician" would read, digest, and promptly act upon them. For example, "Our experience is that the sooner gastrostomy is performed in carcinoma of the cardia the longer is the life sustained. One should not wait until nothing but liquids will pass the stricture." (Page 353.) "Exploratory laparotomy, which Haberkant states to be the *only reliable* means for making an early diagnosis of carcinoma, should be encouraged by the internist, not because carcinoma can be diagnosed with certainty thereby, for it really cannot, as the stomach is the seat of many kinds of neoplasms, and even ulcer, with indurated edges, may simulate carcinoma," etc. And again, "The practitioner should not be too guarded in advising exploratory laparotomy in cases of rapidly developing cachexia and emaciation with the symptoms of chronic gastritis and absence of hydrochloric acid. Tentative treatment should not be prolonged over three weeks. It is not near so serious a fault to have caused the opening of a

stomach and found nothing operable, as to permit a case to continue and find out, at the autopsy only, that it was a circumscribed carcinoma, the removal of which might have prolonged life for years. The author has been responsible for three exploratory laparotomies at which nothing was found, although cancer was suspected in one and ulcer in the other two. The cases recovered, and were cured of their symptoms of pain and vomiting." As regards indications for operation, the author writes, "There cannot be a moment of doubt about the feasibility of operation when gastric dilatation is manifestly due to palpable neoplasm, even if it were not malignant. But we generally advise operation in case (1) dilatation is associated with cachexia; (2) absence of hydrochloric acid in the gastric contents; (3) excess of lactic acid; (4) presence of the Oppler Boas bacillus."

Hemmeter, as a result of his experience, lays great stress on the presence of the Oppler Boas bacillus in making the diagnosis of cancer. In fifty cases of gastric cancer examined by the author and his assistants, the Oppler Boas bacillus was present forty-nine times, while in eighteen cases of gastric ulcer it was not found even once.

The author, when discussing gastro-enterostomy, does not presume to choose between the posterior or the anterior operation, but he does deny the physiological rotation of the full stomach around its long axis, whereby the large curvature is turned anteriorly and the small posteriorly. This hypothetical position of the stomach has been held to be an objection to anterior gastro-enterostomy.

Mayo, in a recent article on gastro-enterostomy, states that if the anastomosis is made low down on the stomach, his experience shows that it does not matter whether the operation involves the anterior or the posterior gastric wall. Thus the views of the Minnesota surgeon confirm Hemmeter's opinion. The whole of the book under review is excellent and constitutes a great storehouse of information.

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